

Gulf War Illnesses: Searching for Answers

Story and Photos by SSG John Valceanu

U.S. soldiers and other service members played a vital role in the Gulf War. The men and women in uniform were welcomed back as heroes.

But in the following months and years some of these service members began reporting that they were not feeling well. They were reporting joint pain, sleep disorders, rashes, hair loss and cramps. Doctors were generally at a loss as to what could be causing the reported symptoms.

The Office of the Special Assistant for Gulf War Illnesses was established under the deputy secretary of defense in autumn 1996. The office is staffed by 180 military and civilian personnel.

The office has a threefold purpose. First, it tries to ensure that Gulf War veterans receive appropriate medical care. Second, it is responsible for making sure that the Department of Defense is doing everything possible to understand and explain Gulf War illnesses. Finally, it works to modify

DOD's doctrine and policy, based on lessons learned, to reduce the probability of similar problems in the future.

To accomplish its mission, the office uses outreach teams that travel to military installations, where they share recent findings, provide current information, listen to veterans' concerns, and help veterans receive re-evaluations or medical care.

The teams attempt to reach not only active-duty service members, but also reserve-component, separated and retired personnel, and veterans' family members, said Bernard Rostker,

undersecretary of the Army and the special assistant to the deputy secretary of defense for Gulf War illnesses.

"We want to educate the members of the total force on our investigation, inform them on how we will apply our findings to future deployments and solicit their assistance," Rostker said.

In 1998, teams visited Fort Sill, Okla.; Fort Riley, Kan.; Fort Campbell, Ky.; and two Marine Corps bases. Teams visited

more Army installations last year, including Fort Bliss, Texas; Fort Polk, La.; Fort Stewart, Ga.; Fort Bragg, N.C.; Fort Knox, Ky.; Fort Benning, Ga.; Fort Carson, Colo.; and a Marine base.

During each visit, teams wage mini-information campaigns through briefings and question-and-answer sessions. Team members also set up information displays at post exchanges, medical centers and other high-traffic areas on installations. The visits culminate in "town hall" meetings, which allow the entire community to address concerns.

When meeting with veterans, team members first attempt to help them resolve any questions or problems they might be facing. Second, the team attempts to collect information that might be of use to the ongoing investigation into the illnesses, said Dr. (COL) Francis L. O'Donnell, the Gulf War Illnesses Office's director of medical outreach and issues.

"We're trying to clear the air about what is going on with our Gulf War veterans," O'Donnell said. "DOD's initial negative reaction caused a credibility gap. We're attempting to address that gap."

O'Donnell said that until 1996 no



Outreach team member SSG Stephen Robinson (right) speaks with Gulf War veteran 2LT Al Davis at Fort Bragg, N.C.



Town hall meetings allow military community members to ask Gulf War illnesses-related questions and address issues directly with team members.

one in DOD thought that U.S. service members had been exposed to biological or chemical agents. Only then, almost five years after the war, was it discovered that U.S. and allied forces blew up captured munitions containing chemical agents.

"It didn't occur to anyone that we might have inadvertently released a toxin when we destroyed those munitions," O'Donnell said. "It took a lot of investigative work, and help from outside agencies such as the CIA, to figure it out."

That information led to the formation of the Gulf War Illnesses Office, and initial investigations centered on possible exposure to chemical and biological agents. It also focused on vaccines and preventive medications administered to service members. Additionally, the group studied such environmental factors as exposure to the smoke and soot produced by the burning oil wells in Kuwait, which might have had an adverse effect on service members, O'Donnell said.

"More than 112,000 veterans of the Gulf War have gone through a voluntary medical-evaluation program," O'Donnell said. "Of those who have reported symptoms, more than 80 percent have been diagnosed with a medically recognized disease. Our problem is that remaining 20 percent."

The problem is compounded by several factors. Among them is the fact that some veterans report symptoms while many others in the same units,

who served in the same locations, do not report any symptoms. Furthermore, some soldiers who had not served in the Gulf War, but who are serving in units that deployed, reported unexplained symptoms, said SFC Albert Garcia of the office's investigations and analysis directorate.

"When we first started looking at this problem, we weren't able to make any sense out of it from a scientific and medical standpoint," Garcia said. "We were unable to find any new disease, and we couldn't pinpoint a specific cause for the symptoms."

One of the current focal points of the ongoing investigation, according to Garcia, is the possibility of a "cocktail effect." This would be caused by the combination of a number of factors in certain individuals.

To get the most complete information possible, and to ensure veterans have access to informed medical care, the outreach teams also carry the message to the medical community, said Dr. Michael Kilpatrick, deputy director of medical outreach and issues.

"We go to the medical centers and hospitals on each installation we visit, and we meet with health-care providers. We educate them on treating symptoms and not dismissing anything. We also try to establish a relationship with the hospital commanders and pick up any information we can," Kilpatrick said. "Though we're not actually responsible for providing care for the veterans, it's our responsibility to ensure soldiers and other service members receive care."

Besides trying to ensure that veterans have access to care, Kilpatrick said, the office is working to answer their questions.



SFC Albert Garcia briefs soldiers on a training range at Fort Bragg during an outreach team visit to the installation.

Resources for Veterans

CCEP — Gulf War veterans who are currently on active duty, in the reserve component or retired, as well as some family members, may register for the Department of Defense's Comprehensive Clinical Evaluation Program. To register, call (800) 796-9699. Soldiers stationed overseas may dial DSN 878-3261 or dial direct at (408) 583-2500. Registration hours are Monday through Friday, 6 a.m. to 4 p.m., Pacific Standard Time.

VA Persian Gulf Registry — For Gulf War veterans not currently serving on active duty or in the reserves, comprehensive physical examinations with basic laboratory studies are available by calling (800) PGW-VETS [(800) 749-8387]. Veterans overseas may call the nearest U.S. Embassy and ask for the Foreign Benefits Unit.

GulfLINK — www.gulflink.osd.mil — The home page for the Office of the Special Assistant to the Deputy Secretary of Defense for Gulf War Illnesses contains reports, transcripts, testimonies and declassified health-related documents. News articles and e-mail capability are also included on the page.

GulfNEWS — Veterans without Internet access may obtain access to the same information found on the GulfLINK web site by subscribing to the GulfNEWS newsletter. To subscribe, send an e-mail request to brostker@gwillness.osd.mil or write to:

The Office of the Special Assistant for Gulf War Illnesses
5113 Leesburg Pike, Ste. 901
Falls Church, VA 22041

"We're at a new fringe of the scientific frontier. Science and medicine do not yet have the answers we're looking for," Kilpatrick said. "But we're taking a look at everything we can think of medically and scientifically, and the answers have to be there somewhere." □